Travis County

Employee Benefits Guide

FY 15

October 1, 2014 – September 30, 2015

Important Information About Your Benefits

Medical – Dental – Vision – Life Insurance – Disability – FSA – Wellness – Retirement

August 1, 2014

Benefits Participants,

Welcome to the 2015 Employee Benefits Guide! As a Travis County employee, you have access to a comprehensive benefits package, which includes health and welfare plans, retirement plans, wellness initiatives and paid time off.

This 2015 Employee Benefits Guide provides information about your benefits in easy to understand terms. It includes a summary of some of the benefits offered to you and your family including: health insurance, dental insurance, vision insurance, life insurance, short-term disability insurance, and flexible spending accounts. I am confident you will find this Benefits Guide useful in helping you to make informed decisions about benefits for yourself and your family.

Travis County is committed to maintaining a comprehensive and competitive benefits program. In turn, we ask you to take a proactive approach in using this guide to enhance your understanding of the available benefits options, in choosing the plans that make the most sense for you and using benefit plans to maximum advantage.

This guide is not intended to replace or override the policies and plan documents which govern the various benefit plans. The descriptions are very general and are not intended to provide complete details about any or all plans. Exact specifications for all plans are provided in the official Plan Documents, copies of which are available on Travis Central or by contacting the Human Resources Management Department. If benefit(s) change over the course of the fiscal year, this Benefits Guide will be updated in the on-line version that you can access on Travis Central.

If you have questions or need more information about any of your Travis County benefits please contact the Human Resources Management Department at 512-854-9165. We are here for you!

Debbie L. Maynor
Director, Human Resources Management Department

INTRODUCTION

This guide is designed to help you understand and utilize the benefit options available to you as an employee of Travis County and provide you with the information needed to select and manage your benefit elections for the 2015 benefit plan year. In this valuable resource guide you will find benefit summaries, eligibility requirements, costs, contact numbers and addresses as well as other general information.

HOW TO USE THIS GUIDE

The benefit guide is divided into sections, each covering a specific benefit program. It is very important that you review this guide so you can fully understand the benefit programs available to you. This guide can be used to help make your benefit elections during your initial enrollment, consider benefit changes during the benefit plan year as well as a resource for considering upcoming benefit changes during Open Enrollment. Along with this guide the Human Resources Management Department has also posted benefit related information on Travis County intranet web site (http://traviscentral).

The information in this guide is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document or contract which contains the complete provisions of a program. In case of any discrepancy between this guide and the legal plan document or contract, the legal plan document or contract will govern in all cases. An employee may review the legal plan document or contract upon request.

KEY CHANGES FOR FY 15

Travis County Health Plans

- Changes to out-of-pocket maximums and mental health and substance abuse benefits. (highlighted on pages 7-10)
- Increases to the Employees' monthly contribution to the Health Plan including an increase in the Employee Only PPO premium (highlighted on page 15).
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Travis County Pharmacy Benefit Coverage

- Change in the Pharmacy Benefit Manager (PBM) from UHC (Optum Rx) to EnvisionRx on 10/01/2014.
- Pharmacy plan now allows the filling or refill of 90-day prescriptions at retail. Mail order is no longer mandatory.
- New pharmacy out-of-pocket maximums (highlighted on page 7).

Vision Insurance

- Change in the Vision insurance provider from UHC to Davis Vision effective 10/01/2014.
- Vision coverage will be fully voluntary. Employee Only premium no longer covered as part of enrollment in medical insurance. The dependent coverage premiums are lower than FY 14.

Catastrophic Sick Leave Pool

- New benefit approved by Commissioners Court for an effective date of 10/01/2014.
- Allows employees to donate sick or vacation time to a single Pool for the benefit of eligible employees who experience a catastrophic injury or illness and exhaust their available paid time off.
- Highlights and the provisions of the plan can be found on page 36 of this guide.

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Benefit Contact Information

Travis County Human Resources Management Department
700 Lavaca Street, Suite 420
Austin, TX 78701

512.854.0404 (Benefit Line)
512.854.9165 (Main HR Line)
512.854.6677 (Benefit Fax Line)

Online Benefit Information: http://traviscentral

Contact the plans directly during normal business hours for ID cards, claims, benefits, and coverage information.

Travis County Health Insurance Plans
Administered by: United Healthcare
Group #: 701254
P.O. Box 30555
Salt Lake City, UT 84130-0555
866.649.4873 (Consumers)
866-747-0048 (Retiree Billing Questions)
http://www.myuhc.com

Pharmacy Benefit Manager
EnvisionRx
2181 East Aurora Road Suite 201
Twinsburg, OH 44087
800-361-4542
https://www.envisionrx.com

Vision Insurance
Davis Vision
877-923-2847
http://www.davisvision.com

Dental Plans
Administered by: Assurant Dental
Group #: 5451628
P.O. Box 2940
Clinton, IA 52733-2940
877.743.1454
http://www.assurantemployeebenefits.com

Local Assurant Representative
Teresa Ramirez
512.382.4741
Email: teresa.ramirez@assurant.com

Flexible Spending Accounts
Administered by: TASC
2302 International Lane
Madison, WI 53704-3140
800-422-4661
608-245-3623 (Fax)
http://www.tasconline.com

Basic Life Insurance
Administered by: UNUM
Group #: 560725 (Basic)
2211 Congress Street
Portland, Maine 04122
http://www.unum.com

Supplemental Life, Disability and AD&D
Administered by: CIGNA
1601 Chestnut Street
Philadelphia, PA 19192
800.36.CIGNA (800.362.4462)
http://www.cigna.com

Texas County & District Retirement System (TCDRS)
P.O. Box 2034
Austin, TX 78768-2034
800.823.7782 or 512.328.8889
http://www.tcdrs.org

Deferred Compensation Plan (457b)
Administered by: Great West Financial
Wells Fargo Bank Building
400 W 15th Street # 317
Austin, TX 78701-1641
800.701.8255
866.613.6189
http://www.gwrs.com

Local Great West Financial Representative
Chara Green
512.739.9987

Employee Assistance Program
Alliance Work Partners
512-328-1144
800-343-3822
http://www.alliancewp.com

EMPLOYEE ELIGIBILITY

As a County employee, benefits are available to you based on your employment status. The following benefits are available to County employees;

Regular Employee

If you are in a regular budgeted position you are considered eligible to participate in:

- Travis County Health Insurance
  - Includes Travis County Wellness Clinic
- Dental Insurance
- Vision Insurance
- County Retirement Program through TCDRS (mandatory enrollment)
- Basic Life and AD&D Insurance
- Supplemental Life and AD&D Insurance
- Supplemental Dependent Life Insurance
- Supplemental Spouse Life Insurance
- CIGNA Personal Accident Insurance
- Flexible Spending Accounts (Medical & Dependent Care)
- Long Term Disability
- Short Term Disability
- Deferred Compensation Plan (457)
- Employee Assistance Plan
- Travis County Wellness Programs
- Qualified Transportation Benefit
- Worker's Compensation
- Long Term Care Insurance

Temporary Employee

If you are a temporary employee with an assignment 6 months or longer, you are considered eligible to participate in:

- County Retirement Program through TCDRS (mandatory enrollment)
- Deferred Compensation Plan (457)
- Employee Assistance Plan
- Travis County Wellness Programs
- Worker's Compensation

DEPENDENT ELIGIBILITY

Legal Spouse

Defined as a spouse who is legally married to the employee. This includes the eligible surviving legal spouse of a deceased Travis County retiree. An Employee may only cover one adult as a dependent.

Common Law Spouse

Defined as a spouse of the opposite sex who has provided a copy of a completed and filed Declaration and Registration of an Informal Marriage for the State of Texas. This includes the eligible surviving legal spouse of a deceased Travis County retiree. An Employee may only cover one adult as a dependent.

Domestic Partner (same or opposite sex) of an eligible employee

Defined as a person who shares the same permanent residence and the common necessities of life; and has provided the Plan Sponsor with a completed online Certificate of Domestic Partnership form that includes the names and any required information for any unmarried eligible children of the domestic partner for whom coverage is sought. A Domestic Partner or a Domestic Partner's child is not eligible for COBRA. An Employee may only cover one adult as a dependent.

Sponsored Dependent of an Eligible Employee

Defined for the purposes of this plan as:
Related by blood to the employee (such as over-age dependent child, or an unmarried parent of employee) and

- Is at least 18 years old; and
- Is unmarried by either formal marriage or common law; and
- Is not related to the eligible employee by marriage; and
- Is not employed by Travis County or the eligible employee; and

- Is not in active service in the armed forces; and
- Has been living with the eligible employee for at least six consecutive months, before applying for coverage, and
- Is currently living with the eligible employee; and
- Shares the same permanent residence and the common necessities of life ; and
- Completion of online Sponsored Dependent form

A Domestic Partner is not eligible for COBRA. An Employee may only cover one other adult as a dependent.

Child of Eligible Employee/Spouse/Domestic Partner

Child includes any of the following:

- A natural child (child of the employee);
- A legally adopted child or a child placed in the home for adoption;
- Any other child who is mainly dependent on the employee for care and support and for whom a completed guardianship document has been obtained;
- A child for whom the employee/spouse/Domestic Partner is the legal guardian;
- A child for whom the employee /spouse/Domestic Partner is required by a qualified medical child support order (QMCSO) or court order to provide coverage.

Eligible age is from birth through age 25. Qualifying disabled children are allowed to be covered at any age. Please see the Summary Plan Document for the complete list of eligible dependents.

DEPENDENT DOCUMENTATION

The addition of any dependent to the Travis County Health Plan requires certification by Employee that the dependent information is true and correct. Any false information may result in loss of coverage of the dependent in question and the requirement to reimburse the plan for any claims paid on an ineligible dependent. The following are the documentation requirements for each category of dependent. The documentation must be presented before enrollment.

- Spouse (formal ceremony): Marriage certificate.
- Spouse (common-law): Copy of filed Declaration and Registration of Informal Marriage
- Domestic Partner (same or opposite sex): Birth Certificate or Driver's License and Completion of Certificate of Domestic Partnership affidavit form.
- Child (natural child of Participant): Birth Certificate
- Child (natural child of Participant's spouse): Birth Certificate and Marriage Certificate.
- Child (natural child of Participant's Domestic Partner): Completion of the Certificate of Domestic Partnership and Birth Certificate.
- Child (legal adoption): Final order of adoption showing Participant as child's parent.
- Child (legally adopted child of Participant's Spouse): Final order of adoption showing Participant's Spouse as child's parent and Marriage Certificate or Declaration and Registration of Informal Marriage for Participant and Spouse
- Child (legally adopted child of Participant's Domestic Partner): Final order of adoption of child showing participant's domestic partner as child's parent and completion of Certificate of Domestic Partnership.
- Sponsored Dependent: Birth Certificate(s) verifying relationship and age and completion of online Certificate of Sponsored Dependent.
- Child with Handicap or Disability: Supporting medical documentation

ENROLLMENT

The Travis County Benefit Plan Year begins on October 1st of each year and continues through September 30th of the following calendar year. As an employee you are allowed to make elections and/or changes during certain enrollment periods. Your first opportunity to enroll in benefit coverage is during your Initial Enrollment period which lasts for 31 days. Once you are past your Initial Enrollment period you can enroll or make changes only if you have an approved Qualified Life Event (QLE) or during the Open Enrollment period. Please review the additional information in the following sections regarding the enrollment periods.

Initial Enrollment

As a new employee of Travis County, regular employees will be eligible for most group insurance benefits on the first of the month following 30 days of benefit-eligible employment. New employees will be given an initial enrollment period of 31 days to make benefit election decisions for the remaining of the benefit plan year. During this time employees are allowed to make, add, delete or change benefit elections. Any requests for enrollment in benefits or changes to benefit elections made after the initial enrollment period or outside of the Open Enrollment period, must follow IRS Qualifying Event and/or HIPAA Special Enrollment rules.

Enrollment will be conducted during New Hire Orientation. The following benefits are available to new employees on the first of the month following 30 days of employment:

- Travis County Health Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D Insurance
- Supplemental Life and AD&D Insurance
- Supplemental Dependent Life Insurance
- Supplemental Spouse/Domestic Partner Life Insurance
- Personal Accident Insurance
- Flexible Spending Accounts (Medical & Dependent Care)

For eligibility and enrollment requirements for the other available benefit programs listed in this guide please view the related section.

Open Enrollment

Travis County offers benefit eligible employees an Open Enrollment period each year to review their current benefits and make elections for the upcoming benefit plan year. Since the benefit plan year starts the October 1st of each year the Human Resources Management Department will typically conduct the Open Enrollment period in the month of August. During Open Enrollment you are allowed to add, remove or change the following benefits:

- Travis County Health Insurance
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D Insurance
- Supplemental Life and AD&D Insurance
- Supplemental Dependent Life Insurance
- Supplemental Spouse/Domestic Partner Life Insurance
- Personal Accident Insurance
- Flexible Spending Accounts (Medical & Dependent Care)

Changes to life insurance beneficiaries and participation in the 457 Deferred Compensation plan may be changed at any time during the year. Open Enrollment for Long Term Care insurance is February 1st of each year and employees are allowed to enroll in guaranteed issued amounts. Outside of Open Enrollment, employees may enroll in Long Term Care Insurance at any time if an Evidence of Insurability is completed and approved by the carrier.

Adjust Before Taxes (ABT)

IRS Section 125 guidelines allow you to enroll in a Health, Dental, and/or Vision plan and have your premiums Adjusted Before Taxes (ABT). Choosing ABT during your insurance enrollment period means your salary is reduced by an amount equal to the employee contribution for your health, dental and/or vision coverage you have selected and in exchange the County agrees to make these contributions for you. Therefore, your taxable income is decreased by the amount of your contribution for premiums. ABT applies only to contributions for premiums for Health, Dental, Vision and the 1st $50,000 of supplemental life insurance. Domestic partners and sponsored dependent premiums are not eligible for ABT. By choosing ABT, your ability to make certain changes to your benefit elections during the plan year must be in accordance with the IRS Qualifying Life Event guidelines as described in the next section.

Benefit Changes During the Plan Year

The IRS requires that benefits paid with pre-tax contributions stay in effect through the full plan year. Therefore, once made, you cannot change your election unless you have a Qualifying Life Event (QLE). A complete list of what the IRS considers a qualifying event is listed in your SPD, but in general, they include:

- Changes in your marital status: marriage, divorce, annulment, death of spouse
- Changes in dependent status: birth, adoption, placement for adoption, death, or dependent eligibility status due to age, marriage, or student status
- Changes in your employment status or work schedule that affect benefits eligibility
- Changes in your spouse's benefits coverage or eligibility
- Changes in a permanent residence that result in different available plan options.

Note that any change in coverage must be consistent with the life status change. You have 31 days from the qualifying event to change your coverage election.

The Special Enrollment Rights under HIPAA allows for mid-year enrollment if you decline enrollment now because of other health insurance or group health plan coverage and then you and your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your other coverage). In addition, if you have a new dependent (as a result of marriage, birth, adoption or placement for adoption) you may be able to enroll yourself and your dependents.

You must request special enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

If you experience a Qualifying Life Event please consult with the Human Resources Management Department within 31 days to determine whether or not the life event you are experiencing qualifies under the regulations for the effective date, for the change and for the documentation required to process the change.

You may only make changes your Health, Dental, Vision, Dependent Life, Spouse Life and/or Flex Account benefit elections during the benefit plan year if you experience a Qualified Life Event (QLE).

TRAVIS COUNTY HEALTH INSURANCE

Travis County offers all Regular Employees and Retirees a choice of three self-insured Health Insurance Plans to choose from. The three plans are administered by United Healthcare and have varying levels coverage and premium cost. Below are some key terms that will help you understand the coverage levels described in the following sections.

Co-pay - The copayment or co-pay is a dollar amount defined in the insurance plan and paid by the insured person each time certain medical services are accessed. Copayments are applied to the plan year out-of-pocket maximum.

Co-insurance - Coinsurance is the percentage of covered expenses paid by you each year after you meet your deductible (20% coinsurance means that you pay 20% of the expenses).

Deductible - The amount of money a patient or family must pay before costs (or percentages of costs) are covered by the health plan or insurance company per year.

Open Access – An Open Access plan allows participants to see a Specialist without a referral from their Primary Care Physician. All three Health plan options are considered Open Access.

Maximum Allowable Charge – On any given procedure, this is the maximum allowed amount that will be considered for coverage. Participants may be billed for amounts over the MAC, if utilizing a non-preferred provider

Please review the following coverage information to determine which plan may offer the best level of coverage for you and your family.

Do you Know The Right Questions to Ask Your Doctor?

1. *What is the test for?*
2. *How many times have you done this procedure?*
3. *When will I get the results?*
4. *Why do I need this treatment?*
5. *Are there any alternatives?*
6. *What are the possible complications?*
7. *Which hospital is best for my needs?*
8. *How do you spell the name of that drug?*
9. *Are there any side effects?*
10. *Will this medicine interact with medicines that I'm already taking?*

For these and other recommended questions please visit
http://www.ahrq.gov/questionsaretheans

EPO Plan (In-Network Only)

This plan has the lowest deductible, the lowest member co-insurance responsibility (in most cases 0%) and the lowest out-of-pocket maximum. You must, however, use a physician within the UnitedHealthcare (UHC) Choice Plan Network. If you use a physician outside of the Choice Network, it will **not** be covered.

PPO Plan (In- and Out-of-Network)

This is the only plan that offers both in-network and out-of-network coverage. It is important to understand that while you can access care from any doctor, if you use an UHC Choice Plus PPO network doctor your benefit will be much greater and your out-of-pocket will be much less. The in-network deductible and co-insurance responsibility are higher than the EPO plan but lower than the Co-Insured EPO.

Co-Insured EPO Plan (In-Network Only)

This plan has the highest deductible, co-insurance responsibility and out-of-pocket maximum of the three plans but has the lowest monthly premiums. The office-visit co-pays for primary care and specialists are also the lowest of the three plans. You must use a physician within the UHC Choice Plan Network. If you use a physician outside of the Choice Network, it will **not** be covered.

Travis County Health Plan Comparison

	EPO	PPO		Co-Insured EPO
	In-Network Only	*In-Network PPO*	*Out-of-Network*	*In-Network Only*
Deductible	$300/individual Total is not to exceed $300 per person for a total of 2.5 Covered Persons in a Family	$500/ individual Total is not to exceed $500 per person for a total of 2.5 Covered Persons in a Family	$1500/individual Total is not to exceed $1500 per person for a total of 2.5 Covered Persons in a Family	$700/individual Total is not to exceed $700 per person for a total of 2.5 Covered Persons in a Family
Co-Insurance	Plan Pays 100% Member Pays 0%	Plan Pays 90% Member Pays 10%	Plan Pays 70% Member Pays 30%	Plan Pays 80% Member Pays 20%
Medical Out-of-Pocket Maximum	$3,500 Individual $7,000 Family	$3,500 Individual $7,000 Family	$4,500 Individual $9,000 Family	$3,500 Individual $7,000 Family
Pharmacy Out-of-Pocket Maximum	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family
1. **Ambulance Services - Emergency only** Ground transportation or Air Transportation	$100 Co-pay	$100 Co-pay	$100 Co-pay	$100 Co-pay
2. **Durable Medical Equipment**	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.	Ded+Coinsurance *Prior notification is required for retail cost over $1,000.	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.
3. **Emergency Services- ER Facility**	$175 per visit	$150 per visit	$150 per visit	$150 per visit
4. **Eye Examinations** Refractive eye examinations are limited to one every calendar year from a Network Provider.	$35 per visit for a PCP, $50 per visit for a Specialist. No benefit for lenses or frames.	$30 per visit for a PCP, $45 per visit for a Specialist. No benefit for lenses or frames.	Not Covered	$25 per visit for a PCP, $40 per visit for a Specialist. No benefit for lenses or frames.
5. **Home Health Care Services provided in the home by an RN, LPN or contracted therapist**	*0% of Eligible Expenses *Prior notification is required	*0% of Eligible Expenses *Prior notification is required	Ded+Coinsurance *Prior notification is required	*0% of Eligible Expenses *Prior notification is required
6. **Hospice Care**	*0% of Eligible Expenses *Prior notification is required	*0% of Eligible Expenses *Prior notification is required	Ded+Coinsurance **Prior notification is required	*0% of Eligible Expenses *Prior notification is required
7. **Hospital - Inpatient Stay**	$100 co-pay per day up to 4 days confinement, then Deductible	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance

	EPO	PPO		Co-Insured EPO
	In-Network Only	*In-Network PPO*	*Out-of-Network*	*In-Network Only*
8. Allergy Services in a Physician's Office (no co-pay applies to injections or serum)	$35 per visit for a PCP, $50 per visit for a Specialist. (Allergists are considered as primary care)	$30 per visit for a PCP, $45 per visit for a Specialist. (Allergists are considered as primary care)	Ded+Coinsurance	$25 per visit for a PCP, $40 per visit for a Specialist. (Allergists are considered as primary care)
9. Maternity Services	Same as 7, 11 & 12 No Copayment applies to Physician office visits for prenatal care after the first visit.	Same as 7, 11 &12 No Copayment applies to Physician office visits for prenatal care after the first visit.	Same as &, 11 & 12 *Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.	Same as 7, 11 &12 No Copayment applies to Physician office visits for prenatal care after the first visit.
10. Outpatient Surgery, Diagnostic and Therapeutic Services				
Outpatient Surgery	$200 per visit copay	Ded+Coinsurance Same as 12 if performed as a part of an office visit	Ded+Coinsurance	Ded+Coinsurance Same as 12 if performed as a part of an office visit
Outpatient Diagnostic Services	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance
Outpatient Diagnostic/Therapeutic Services - CT Scans, Pet Scans, MRI and Nuclear Medicine	Ded+Coinsurance requires pre-notification	Ded+Coinsurance requires pre-notification	Ded+Coinsurance requires pre-notification	Ded+Coinsurance Requires pre-notification
Mammography/ Colonoscopies	0% of Eligible Expenses	0% of Eligible Expenses	Ded+Coinsurance	0% of Eligible Expenses
11. Physician's Office Services	$35 per visit for a PCP, $50 per visit for a Specialist.	$30 per visit for a PCP, $45 per visit for a Specialist.	30% of Eligible Expenses	$25 per visit for a PCP, $40 per visit for a Specialist.
12. Professional Fees for Surgical and Medical Services	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance
13. Prosthetic Devices	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.	Ded+Coinsurance *Prior notification is required for retail cost over $1,000.	*0% of Eligible Expenses *Prior notification is required for retail cost over $1,000.

	EPO	PPO		Co-Insured EPO
	In-Network Only	*In-Network PPO*	*Out-of-Network*	*In-Network Only*
14. Reconstructive Procedures	Same as 7, 11, 12 & 13	Same as 7, 11, 12 & 13	Same as 7, 11, 12 & 13	Same as 7, 11, 12, & 13
15. Rehabilitation Services -Outpatient Therapy	$15 per visit for the first 15 visits if in conjunction with an office visit then $35 for a PCP or $50 for a Specialist for 16th visit and thereafter	$15 per visit for the first 15 visits if in conjunction with an office visit then $30 for a PCP or $45 for a Specialist for 16th visit and thereafter	Ded+Coinsurance	$15 per visit for the first 15 visits if in conjunction with an office visit then $25 for a PCP or $40 for a Specialist for 16th visit and thereafter
16. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services Benefits are limited to 60 days per calendar year.	$100 Co-pay per day up to 4 days confinement, then Deductible	Ded+Coinsurance	Ded+Coinsurance	Ded+Coinsurance
17. Transplantation Services See summary plan description for possible limitations and more specific information	$100 Co-pay per day up to 4 days confinement, then Deductible *Prior notification is required prior to any services	Ded+Coinsurance *Prior notification is required prior to any services	Ded+Coinsurance *Prior notification is required prior to any services	Ded+Coinsurance *Prior notification is required prior to any services
18. Urgent Care Center Services	$50 per visit	$45 per visit	Ded+Coinsurance	$40 per visit
19. Acupuncture (In Network licensed Acupuncturist only)	$35 per visit for a PCP, $50 per visit for a Specialist. (limited coverage, consult SPD for complete coverage description)	$30 per visit for a PCP, $45 per visit for a Specialist. (limited coverage, consult SPD for complete coverage description)	Ded+Coinsurance (limited coverage, consult SPD for complete coverage description)	$25 per visit for a PCP, $40 per visit for a Specialist. (limited coverage, consult SPD for complete coverage description)
Additional Benefits				
Dental Services – Accident related only (must have been covered under this plan at time of accident)	Ded+Coinsurance *Prior notification is required before follow-up treatment begins.	Ded+Coinsurance *Prior notification is required before follow-up treatment begins.	Ded+Coinsurance *Prior notification is required before follow-up treatment begins.	Ded+Coinsurance *Prior notification is required before follow-up treatment begins.
Substance Abuse Services – Outpatient Network and Non-Network Benefits are limited to 2 series per lifetime.	$35 per visit	$30 per visit	Ded+Coinsurance	$25 per visit

	EPO	PPO		Co-Insured EPO
	In-Network Only	*In-Network PPO*	*Out-of-Network*	*In-Network Only*
Substance Abuse Services – Inpatient and Intermediate	$100 Co-pay per day up to 4 days confinement, deductible	Ded+Coinsurance	Ded+Coinsurance *Call Care Coordination for authorization PRIOR to receiving services	Ded+Coinsurance
Mental Health Services – Inpatient and Intermediate	$100 Co-pay per day up to 4 days confinement, deductible	Ded+Coinsurance	Ded+Coinsurance *Must call Care Coordination for authorization PRIOR to receiving services	Ded+Coinsurance
Spinal Treatment (Chiropractic Services) Benefits include diagnosis and related services and are limited to one visit and treatment per day. Benefits are limited to 30 visits per calendar year.	$35 per visit for a PCP, $50 per visit for a Specialist.	$30 per visit for a PCP, $45 per visit for a Specialist.	Ded+Coinsurance	$25 per visit for a PCP, $40 per visit for a Specialist.
Diabetic Supplies	0% of Eligible Expenses	0% of Eligible Expenses	Ded+Coinsurance	0% of Eligible Expenses
Preventive Services	Covered at 100%	Covered at 100%		Covered at 100%

Types of Providers considered as Primary Care by Travis County Benefit Plan:

General Practice, Family Practice, Internist, Pediatrics Internal medicine, Allergy and Immunology, Obstetrics, Gynecology, Chiropractor, Licensed Professional Counselor, Licensed Clinical Social Worker, Psychologist.

The following procedures require notification of UHC Care Coordination PRIOR to Service

(866.649.4873)

- Facility In-patient admissions: including acute hospitalizations, rehabilitation facilities, and skilled nursing facilities.
- Home Health Services: All home based services, including Nursing, respiratory therapy, IV Infusion, and Hospice.
- End Stage Renal Disease Services
- Cosmetic Services (If covered by medical plan)
- Dental Services required due to an accident while covered under this plan.
- Durable Medical Equipment: DME with a retail cost of over $1,000 whether for purchase or rental.
- Transplant Services: Request for Transplant Evaluation
- Inpatient Mental Health and Chemical Dependency (Notification also recommended for Outpatient Mental Health and Chemical Dependence)
- CT Scans, Pet Scans, MRI and some other diagnostic testing

United Healthcare Tools and Resources

NurseLine (800.846.4678)

NurseLine is a team of registered nurses available to answer your health questions 24 hours a day, seven days a week. Call NurseLine toll-free or use Live Nurse Chat to get information about complex conditions, providers and managing your condition. NurseLine® and Live Nurse Chat services can help you make smart health care decisions with immediate access to experienced registered nurses. You can:

- Find a doctor, hospital, urgent care center, or emergency room
- Understand treatment options that you can discuss with your doctor
- Seek answers to medication questions
- Locate available resources

To talk to a NurseLine nurse, call **1.800.846.4678**. Or if you prefer talking to a nurse online, log in to www.myuhc.com to access Live Nurse Chat.

MyUHC.com

The www.myuhc.com web site offers easy-to-use online tools and information that are both practical and personalized. You can access tools and resources anytime day or night. Here are just some of the things you can do:

- View benefits and eligibility
- Estimate treatment costs
- Chat with a nurse online (if in coverage)
- Set up direct deposit
- View account balances
- View claim documents
- Find a network doctor
- Enroll in online health and wellness programs (if in coverage)
- Combine health care and financial management with Quicken Health Expense TrackerSM
- View health statements

See what you can do at www.myuhc.com and learn about all the valuable online tools and resources that are both practical and personalized so you can get the most out of your benefits.

Register today:

1. Go to www.myuhc.com and select Register Now.
2. Enter the required information and provide your e-mail address.
3. Accept the delivery message and start receiving your communications online.

Health4Me Mobile App

UHC has created a very helpful mobile app which is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android phones. You must have an account with myuhc.com to enable the mobile services.

- Search for physicians or facilities by location or specialty
- Locate urgent care facilities and ERs
- Store your favorite physicians and facilities with your notes to view in the future
- Skip the phone prompts and have a service representative contact you to answer any questions about claims or benefits
- View and share member health plan ID card information
- Contact an experienced registered nurse 24/7 for advice regarding any kind of medical question
- Check status of deductible and out-of-pocket spending
- View claims
- Check your health reimbursement and flexible spending and health savings account balances

Personal Health Support/Case Management

Personal Health Support is a unique program for individuals who are living with a chronic condition or dealing with complex health care needs. The program provides a high level of support, educational tools, and telephone access to a registered nurse who is assigned to employees and their families. They can tell employees more about the benefits available to them, offer information about a wide range of health issues and direct them to UnitedHealth Premium® and Centers of Excellence network

physicians and facilities. The nurse may also discuss and refer to the disease management services. These resources can help individuals better manage chronic conditions such as diabetes and asthma, or other serious illnesses, including cancer.

Personal Health Support includes but is not limited to members with the following conditions or receiving the following treatments:

- Cancer
- IV therapy, antibiotics, and chemotherapy
- Hyperalimentation
- AIDS
- Premature births
- Birth defects
- Chronic muscle disease, such as Multiple Sclerosis
- Head injury and spinal cord injury
- Strokes and cardiac conditions
- Ventilator dependency
- Respiratory support
- Cystic Fibrosis
- Burn conditions
- Diabetes
- Asthma
- Heart Disease
- Recent hospital stay

Health Assessment

Take your first step towards a healthier life by taking a free, personalized health assessment at www.myuhc.com. By taking the online health assessment, you can identify your personal health needs, learn healthy habits and compare your "lifestyle score" to others of the same age and gender.

The assessment takes approximately 15 minutes to complete and you will be provided with immediate feedback on the current state of your health. In addition, your responses are used to help create a personalized online experience specifically for you.

Plus, you'll have access to several health improvement resources and interactive tools, such as quizzes, exercise programs, planned meals, and action steps to help you achieve your personal health goals.

Based upon your score, an interactive online Health Coach may recommend up to three health improvement programs to help you achieve your personal health goals, such as:

- Nutrition
- Exercise
- Smoking Cessation
- Diabetes Lifestyle
- Heart Health Lifestyle
- Weight Loss
- Stress Management

To get started, visit www.myuhc.com and once you are logged in on the home page click on "Health Assessment."

Did you know that the Patient Protection and Affordable Care Act (PPACA) requires that many Preventative Services be covered at 100%? So how can you make sure you're not over-charged?

1. *Know your Benefits: Make sure that your Doctor's Office is coding your Routine Physical as Preventative Services. The full list of preventive services covered at 100% can be found at http://www.healthcare.gov*
2. *Always access preventative care at Preferred Providers. The PPACA doesn't require this benefit be extended out-of-network, who charge more for services.*

Pharmacy Benefits

Administrator Change – Effective October 1st, 2014, your prescription drug benefit will be administered by EnvisionRxOptions. Additional information about EnvisionRxOptions and your prescription benefit can be found by registering at www.envisionrx.com. You can also reach their customer service line by calling 800-361-4542.

Your new dual medical/prescription card will be provided by United Health Care and will include EnvisionRxOptions information. Should you find any errors on your card, please contact the Travis County Benefit line: 512-854-0404. Your prescription drug benefit features a formulary drug list. A formulary is a list of preferred medications organized into groups or "Tiers".

Prescriptions for 30 days or less can be filled and any in-network retail pharmacy. Prescriptions for 90 days can be filled through the mail-order service provided by Costco *or* at any in-network retail pharmacy.

Mail Order and Specialty Medications – EnvisionRxOptions has partnered with Costco Mail Order Pharmacy to be your new mail order service provider. Members will need to obtain new prescriptions from their physicians for a 90-day supply. If you need to start your medication immediately, or do not have a two (2) week minimum supply on hand, request two prescriptions from your physician; one for a short-term supply to fill at a local retail pharmacy and one for a 90-day supply (including refills) that can be submitted to Costco Mail Order Pharmacy.

You have 2 options for using this mail-order service. 1) Traditional mail order service – where all orders are placed through the mail or by phone. 2) Online order service – where orders can be placed online at www.pharmacy.costco.com.

Costco Mail Order Pharmacy
215 Deininger Circle
Corona, CA 92880-9911
1-800-607-6861 phone
1-800-633-0334 fax
1-866-443-0060 specialty
www.pharmacy.costco.com

Pharmacy Tier Structure FY 2015		
	30-day Retail Co-Pay	90-day Retail/Costco Mail Order Co-Pay
Tier 1 Generic	$10	$20
Tier 2 Preferred	$30	$60
Tier 3 Non-Preferred	$50	$100

Prior Authorization – For certain medications, Prior Authorization will be needed from your doctor. You and your doctor will be alerted by your pharmacy when a Prior Authorization is needed. Prior authorization guidelines are determined on a drug-by-drug basis and may be based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Quantity Limits - There may be a limit on the number of units per day, per period or per prescription based on FDA-approved indications and normal monthly usage.

Pay the Difference - Participants will pay the brand co-pay and the difference in cost between the brand drug and the corresponding generic drug when a true generic is available and deemed acceptable by the prescribing physician.

Pharmacy Out-of-Pocket Maximum – All three health plans, which include the pharmacy coverage, will have a pharmacy out-of-pocket maximum beginning on October 1, 2014. The out-of-pocket maximum is $2,500 per individual or $5,000 for family. Once a participant reaches this maximum in out-of-pocket expenses, the plan will cover eligible pharmacy costs at 100% for the remainder of the plan year.

Travis County Health & Wellness Clinic

Travis County has three on-site Wellness Clinics staffed by Physicians and Medical Care Professionals available to Employees, Retirees and Dependents who are at least 10 years of age and are covered by one of the Travis County Health Plans.

The mission of the Travis County Wellness Clinic is to reduce health care costs by partnering with health plan participants and empowering them, through education, prevention, medicine and personal responsibility, to make choices that lead to a healthier lifestyle which reduces the cost of chronic illness and promotes workplace productivity.

Three clinic locations are available to plan participants for physicals, screening, disease management, immunization and fast track appointments. Fast track appointments are available for the same day or next day for minor illnesses or injuries.

Services Offered:

Disease Management/Wellness Programs

- Diabetes management
- Cholesterol/Lipid management
- High blood pressure management
- Asthma
- Allergy management (not allergy injections)
- Weight management
- Depression treatment
- Tobacco cessation
- Alcohol cessation
- Annual Physical
- Pregnancy Test

Referrals: Chronic pain management will be referred to specialist within UHC network.

Prescription refills: Requires initial doctor's visit (per protocol). Generics drugs will be prescribed when available.

Work related injuries will receive initial treatment, and then be referred for additional treatment when medically necessary.

Clinic Hours of Operation

Main Clinic
1010 Lavaca, 2nd Floor
Phone: 512-854-5509
M-F 7:30am – 4:30pm
(closed for lunch 12:00pm – 1:00pm)

Del Valle Clinic
3518 FM 973 South
Phone: 512-854-1282
Mon and Wed 7:30am – 4:30pm
(closed for lunch 12:00pm – 1:00pm)

Airport Blvd. Clinic
5501 Airport Blvd, Suite 201
Phone: 512-854-7998
Mon, Thur, & Fri 7:30am – 4:30pm
(closed for lunch 12:00pm – 1:00pm)

For urgent care issues or medical questions before & after clinic hours, you may call 24 hour United Healthcare (Optum) Nurse Line at 1-800-846-4678.

Health Plan Premiums

Active Employee Monthly Premiums

	Emp only	Emp+1 Adult	Emp+1 Child	Emp+ Children	Emp+adult +Child	Emp+adult +Children
EPO	$109	$547	$246	$431	$757	$958
PPO	$10	$279	$80	$191	$415	$542
CEPO	$0	$202	$31	$123	$313	$421

Retiree (Under 65) Monthly Premiums

	Emp only	Emp+ 1 Adult	Emp + 1 Child	Emp+ Children	Emp+adult +Child	Emp+adult +Children
EPO	$381	$875	$504	$686	$1,123	$1,431
PPO	$224	$525	$281	$385	$709	$938
CEPO	$132	$377	$169	$249	$540	$744

Retiree (Over 65) Monthly Premiums

	Emp only	Emp+ 1 Adult	Emp + 1 Child	Emp+ Children	Emp+adult +Child	Emp+adult +Children
EPO	$160	$279	$251	$394	$421	564
PPO	$69	$144	$126	$230	$251	356
CEPO	$42	$105	$88	$181	$200	294
Pharmacy Only Plan	$38	$77				

Imputed Income

Travis County Health Plan provisions allow County employees to enroll and cover a domestic partner, a child of domestic partner, a grandchild and/or a sponsored adult to their health coverage. Both employees and Travis County contribute to the cost of adding these dependents to the Health Plan.

While the Travis County Health Plan allows these persons on the plan, for federal income tax purposes, providing group health care benefits to a non-IRS-qualified domestic partner, sponsored adult, grandchild and/or child of domestic partner is a taxable event to the employee, requiring the employer to impute income reflecting the value of the contribution that the employer makes on behalf of these covered person(s). In addition, the payroll deduction contribution that you make to cover your non-IRS-qualified domestic partner, grandchild, sponsored adult and/or your domestic partner's child(ren) is a post-tax deduction.

The Fair Market Value is the amount the County contributes for coverage towards a non-IRS-qualified dependent. For example, if the County contributes $1,020 per month for Employee + Adult coverage and contributes $616 for Employee Only coverage then the imputed income amount for the other adult is $404 per month. This is considered to be the County contribution made for the other adult coverage. Below are the monthly imputed income amounts for Fiscal Year 15.

Covered Dependent	FY 15 Monthly Amount
Non-Qualified Adult (Dom Partner, Sponsored Adult)	$404.00
Non-Qualified Child (Child of Dom Partner, Grandchild)	$144.00
Non-Qualified Children (2 or more Children of Dom Partner, Grandchildren)	$359.00

DENTAL INSURANCE

Travis County offers three voluntary dental plans administered by Assurant Dental to all Regular employees. The following information describes the highlights and benefits of each dental plan including the monthly premium information.

Assurant Freedom Preferred PPO Plan

Plan Features Include: Freedom to choose any dentist, including specialists, PPO options available, and Preventive Max Waiver.

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer. You may find a DHA provider by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com – Select "For Members" – "Find a dentist" – "Dental Health Alliance". Or call customer service at 877.743.1454.

Network and Non-Network Discounts

This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA®) that provides a variety of cost saving features. Although you may visit any dentist you choose, you will receive maximum savings if you visit a DHA® provider. Dentists participating in the DHA® networks have agreed to discount their usual fees. The allowable amount for non-participating dentists is based on the usual and customary. Patients are responsible for fees in excess of usual and customary. This plan provides a better benefit when seeing a non- DHA network provider than the Assurant Freedom Preferred MAC Plan.

Assurant Freedom Preferred MAC Plan

Plan Features Include: Freedom to choose any dentist, including specialists, PPO options available, and Preventive Max Waiver.

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer. You may find a DHA provider by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com – Select "For Members" – "Find a dentist" – "Dental Health Alliance". Or call customer service at 877.743.1454.

Network and Non-Network Discounts

The MAC plan allows employees to have access to the Dental Health Alliance (DHA®) PPO providers and take advantage of their fee discounts. Dentists participating in the DHA® networks have agreed to discount their usual fees. Treatment is available from dentists who do not participate in DHA®, but their fees are subject to a Maximum Allowable Charge (MAC). The allowable amount for non-participating dentists is based on 45% off the 80th percentile of usual and customary. Patients are responsible for fees in excess of the MAC. There can be significant out-of-pocket expenses if a non-participating dentist is chosen.

Assurant Freedom Preferred DHMO Plan

The Assurant Freedom Preferred DHMO Plan is provided by United Dental Care of Texas, Inc. and administered by Union Security Insurance Company. This DHMO dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments.

Plan Features

- No Deductibles
- No Waiting Periods
- No copayments for most *Preventive* services
- Coverage for Pre-existing Conditions
- Includes Orthodontic copayments
- No Claim Forms for Members to File (except Non-Plan Specialty Dentist Services and Emergency Services provided by a Non-Plan Dentist)
- No Referrals Required for Specialty Dentist Services
- No Annual Maximum for Plan Dentist and Plan Specialty Dentist Services

To Enroll in the Assurant DHMO Plan

Select a general dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan Dentist. You must select a Plan Dentist to receive services. Except for certain Specialty Dentist services, all services must be performed by this selected Plan Dentist. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement. However, all services must be performed by a Plan Provider. To select or change your Plan Dentist please contact Assurant at 877-743-1454.

Finding a Provider

You can find a dental provider in the DHMO Dental Series Provider Network by visiting our web site at www.assurantemployeebenefits.com, clicking on the "Provider Search" link, and then selecting DHMO Dental Series 189. Availability of Plan Dentists and Plan Specialty Dentists varies depending on location.

Dental Plan Comparison

	Assurant Freedom Preferred PPO Plan	Assurant Freedom Preferred MAC Plan	Assurant DHMO Plan 189
Calendar Year Deductible	$50	$50	$0
Annual Maximum	$2,000	$1,500	No max
Preventive services: Routine oral exams, routine cleanings, fluoride treatment (frequency limitations)	100% (no deductible)	100% (no deductible)	100% (no co-pays)
Restorative services: Fillings, all other x-rays, simple extractions	80%	80%	Various co-pays
Major services: Crowns, bridgework, dentures, oral surgery, extractions, endodontics (root canals, etc…), periodontics (treatment of gums), implants	50%	50%	Various co-pays *implants not covered
Orthodontia	50% $1000 lifetime max	50% $1000 lifetime max	Various co-pays
Network Coverage	In-Network – No balance billing Out-of-network Provider fees are subject to Usual & Customary Charge.	In-Network – No balance billing Out-of-network Provider fees are subject to Max Allowable Charge	No out-of-network coverage. Must select a network provider.

Dental Plan Premiums

The below premiums are shown on a monthly basis and are for both Actives and Retirees.

	Assurant Freedom Preferred PPO Plan	Assurant Freedom Preferred MAC Plan	Assurant DHMO Plan 189
Emp Only Premium	$34.16	$21.84	$ 11.70
Emp + 1 Adult Premium	$68.30	$41.56	$ 18.70
Emp + 1 Child Premium	$68.30	$41.56	$ 18.70
Emp + 2 or more Children Premium	$106.84	$68.44	$ 25.08
Emp +1 Adult + 1 Child Premium	$106.84	$68.44	$ 25.08
Emp + 1 Adult + 2 or more Children Premium	$141.00	$88.16	$ 29.34

VISION INSURANCE

The Vision Care Program is offered as a part of Travis County's commitment to your well-being. Regular vision care is important to your health whether your vision is 20/20 or less than perfect. For FY 15, the Vision insurance will be changing from UnitedHealthcare to Davis Vision.

Davis Vision provides affordable, quality vision care, nationwide. Through Davis Vision's provider network, you will receive a comprehensive vision examination, as well as eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses. Questions or concerns about your vision options can be addressed by Davis Vision's Customer Service Center:

Davis Vision Customer Service
877-923-2847
Monday – Friday: 7 a.m. to 10 p.m. (Central Time)
Saturday: 8 a.m. to 3 p.m.
Sunday: 11 a.m. to 3 p.m.

Easy Benefit Access

With Davis Vision, you are able to visit any provider you choose, but you maximize your savings when you visit a network provider.

How to locate a network provider:

- Call the Member Services Team at 1-877-923-2847
- Log on to the Open Enrollment section of www.davisvision.com and enter Client Code 3632, then click "Find a Provider" to locate a provider near you.
- Once you've chosen a network provider, call the provider to schedule your appointment. Let the provider know that you have the Davis Vision plan and give your primary insured's unique identification number and the patient's date of birth. While no ID cards are required to obtain services, you may present your Davis Vision ID card at your appointment.

Did You Know?

*Routine eye exams provide an opportunity for spotting systemic health problems, such as diabetes, hypertension, multiple sclerosis, brain tumors, lupus, AIDS, osteoporosis, rheumatoid arthritis, and Grave's disease.**

	In-Network Benefits	Out-of-Network Benefits If you choose an out-of-network provider, you will be reimbursed up to:
Eye Examination	$10	$45.00
Pair of Lenses (once ever plan year)	Standard single-vision, lined bifocal, or trifocal lenses after $25 copayment	Single vision $40.00 Bifocal $60.00 Trifocal $80.00 Lenticular $100.00
Additional Lens Options and Coverage (once ever plan year)	Glass-Grey #3 prescription sunglass Included Ultraviolet Coating $12 Scratch Resistant Coating Included Scratch Protection Plan (Single Vision) $20 Scratch Protection Plan (Multifocal) $40 Polycarbonate Lenses Paid in Full or $30 Blended Segment Lenses Paid in Full Intermediate Vision Lenses $30 Standard Progressive Lenses $50 Premium Progressive Lens $90 Ultra Progressive Lenses $140 Photochromic Glass Lenses $20 Plastic Photosensitive Lenses $65 Polarized Lenses $75 Standard Anti-Reflective (AR) Coating $35 Premium Anti-Reflective (AR) Coating $48 Ultra Anti-Reflective (AR) Coating $60 Hi-Index Lenses $55	
Frames (once every other plan year)	Up to $130 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance *OR* Any Fashion or Designer frame from Davis Vision's exclusive Collection (with retail values up to $175), Covered in Full. *OR* Any Premier frame from Davis Vision's exclusive Collection (with retail values up to $225), Covered in Full after an additional $25 copay.	$50.00
Contact Lenses in Lieu of Eyeglasses (once ever plan year)	Up to $150 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance. Standard and Specialty Contacts – Evaluation, fitting fees, and follow-up care, $25 copay applies. *OR* Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care, Covered in Full after $25 copay. (Up to 4 boxes of disposable lenses). *OR* Medically necessary with prior approval, Covered in Full.	Elective $150.00* Necessary** $225.00

If you visit an out-of-network provider, you will need to send your itemized receipts, with the primary-insured's unique identification number and the patient's name and date of birth, to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

Important Tip to Remember

Your $150 contact lens allowance is applied to the fitting/evaluation fee and the purchase of contact lenses. For example, if the fitting/evaluation fee is $30, you will have $120 towards the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document.

Money Saving Tip!

Considering Laser Vision Correction? Don't forget to utilize the Healthcare Flexible Spending Account to reduce your taxable income and maximize your healthcare dollars!

Value-Added Features:

- Replacement contacts through www.DavisVisionContacts.com for mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Monthly Vision Premium Rates

The below premiums are shown on a monthly basis and are for both Actives and Retirees.

Coverage Level	Cost Per Month
Emp Only	$4.26
Emp + 1 Adult	$8.10
Emp + 1 Child	$8.10
Emp + 2 or more Children	$8.96
Emp +1 Adult + 1 Child	$9.60
Emp + 1 Adult + 2 or more Children	$12.38

LIFE INSURANCE

Employee Basic Life and AD&D Coverage

All regular employees receive Basic Life and Accidental Death & Dismemberment (AD&D) Coverage in the amount of $50,000. The coverage is with UNUM and is provided by the County at no cost.

If you are age 70 or over coverage amount(s) will reduce according to the following schedule:

Age:	Insurance Amount Reduces to:
70 - 74	65% of original amount
75 - 79	40% of original amount
80 – 84	25% of original amount
85 – 89	15% of original amount
90 or more	10% of original amount

Additional Benefits:

- Portability/Conversion: If you retire, reduce your hours or leave Travis County, you may apply to take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may be able to convert your Term life coverage to an individual life insurance policy.
- Accelerated Benefit: If you become terminally ill and are not expected to live more than twelve months, you may request up to 100% of your life insurance amount, without fees or present value adjustments.

Employee Supplemental Life and AD&D Coverage

In addition to the Employee Basic Life and AD&D Coverage provided by the County, you also have the option to elect and purchase additional Life and AD&D Coverage for yourself. Amounts are in **$25,000 benefit units** as applied for by you. The overall maximum benefit of Life and AD&D coverage you can elect is the lesser of 4 x annual earnings rounded to the next higher multiple of $25,000, if not already an exact multiple thereof or $250,000.

Example: Employee A's base salary is $15.00 per hour and is scheduled to work 40 hours per week. The maximum amount of Supplemental Life and AD&D coverage the employee is allowed to elect is $125,000.

$15.00/hour x 2080 hours/year = $31,200 annual x 4 = $124,800 rounded up to the next highest $25,000 = **$125,000**

Guarantee Issue

When you first become eligible for coverage, you may apply for any number of benefit units; however, you cannot be covered for more than the maximum benefit available under the plan. If you enroll during your Initial Enrollment period, you may apply for any amount of Life insurance coverage up to the maximum without having to complete and Evidence of Insurability.

If you and your eligible dependents do not enroll during your Initial Enrollment period, you can apply for coverage only during the Open Enrollment period or within 31 days of a Qualifying Life Event. Evidence of insurability is not required during Open Enrollment if the increase in coverage is by one $25,000 benefit unit. Any request for coverage higher than one $25,000 benefit unit requires completion of an Evidence of Insurability and approval from the carrier.

Supplemental Life and AD&D Rates:

(Age as of Oct. 1)	Coverage Amount $25,000.00	$50,000.00	$75,000.00	$100,000.00	$125,000.00
less than 25	$1.50	$3.00	$4.50	$6.00	$7.50
25-29	$1.50	$3.00	$4.50	$6.00	$7.50
30-34	$2.25	$4.50	$6.75	$9.00	$11.25
35-39	$2.25	$4.50	$6.75	$9.00	$11.25
40-44	$3.25	$6.50	$9.75	$13.00	$16.25
45-49	$4.75	$9.50	$14.25	$19.00	$23.75
50-54	$7.75	$15.50	$23.25	$31.00	$38.75
55-59	$10.75	$21.50	$32.25	$43.00	$53.75
60-64	$17.25	$34.50	$51.75	$69.00	$86.25
65-69	$25.50	$51.00	$76.50	$102.00	$127.50
70+	$44.50	$89.00	$133.50	$178.00	$222.50

(Age as of Oct. 1)	Coverage Amount $150,000.00	$175,000.00	$200,000.00	$225,000.00	$250,000.00
less than 25	$9.00	$10.50	$12.00	$13.50	$15.00
25-29	$9.00	$10.50	$12.00	$13.50	$15.00
30-34	$13.50	$15.75	$18.00	$20.25	$22.50
35-39	$13.50	$15.75	$18.00	$20.25	$22.50
40-44	$19.50	$22.75	$26.00	$29.25	$32.50
45-49	$28.50	$33.25	$38.00	$42.75	$47.50
50-54	$46.50	$54.25	$62.00	$69.75	$77.50
55-59	$64.50	$75.25	$86.00	$96.75	$107.50
60-64	$103.50	$120.75	$138.00	$155.25	$172.50
65-69	$153.00	$178.50	$204.00	$229.50	$255.00
70+	$267.00	$311.50	$356.00	$400.50	$445.00

Dependent Life Insurance

In addition to Basic and Supplemental employee life insurance, eligible employees can also elect life insurance coverage for their spouse and/or dependent children. The basic dependent life includes coverage for an employee's spouse and dependent children for one flat rate per month. The maximum amount of coverage for a dependent child is $5,000. The coverage amounts and rates are listed below.

Basic Dependent Life:	Spouse/Dom Partner	$10,000
	Child	$5,000 (age 6 months to 26 years)
	Infant	$1,000 (14 days to 6 months)
Basic Dependent Life Rate:	$1.54 per month	

Spouse/Domestic Partner Supplemental Life Insurance

If you elect and purchase basic dependent life coverage you have the option to purchase additional Spouse/Domestic Partner supplemental life insurance. The Spouse/Domestic Partner supplemental life insurance can be elected to increase the total amount of coverage for a Spouse/Domestic Partner up to a maximum of $30,000.

Spouse/Dom Partner Supplemental Life: $10,000 or $20,000 (in addition to the basic dep life policy)

Spouse/Domestic Partner Supplemental Life Rates:

Age of Spouse	$10,000	$20,000	Age of Spouse	$10,000	$20,000
Less than 29	$0.40	$0.80	50-54	$2.90	$5.80
30-34	$0.70	$1.40	55-59	$4.10	$8.20
35-39	$0.70	$1.40	60-64	$6.70	$13.40
40-44	$1.10	$2.20	65-69	$10.00	$20.00
45-49	$1.70	$3.40	70+	$17.60	$35.20

Retiree Life Insurance

Employees are eligible to continue life insurance for themselves and covered spouses once they retire. If you enroll upon retirement, the Basic Life benefits are Guarantee Issue and no underwriting approval is required. To purchase coverage listed under "Optional Amount" in the table below you must complete an Evidence of Insurability form and it must be approved by CIGNA. Listed below are the coverage options and rates for retirees under age 70 as well as retirees who are age 71 or higher.

Retirees age 70 or less	Basic Amount	Monthly Cost	Optional Amount	Monthly Cost	Total Available	Total Monthly Cost
Retiree Employee Life	$15,000	$2.08	$10,000*	$4.84	$25,000	$6.92
Retiree Spouse Life	$7,500	$2.08	$5,000*	$4.84	$12,500	$6.92

Retirees age 71 or higher	Basic Amount	Monthly Cost	Optional Amount	Monthly Cost	Total Available	Total Monthly Cost
Retiree Employee Life	$5,000	$5.90	$5,000*	$8.80	$10,000	$14.70
			$10,000*	$17.60	$15,000	$23.50
			$15,000*	$26.40	$20,000	$32.30
Retiree Spouse Life	$2,500	$2.95	$2,500*	$4.40	$5,000	$7.35
			$5,000*	$8.80	$7,500	$11.75

**Optional Life requires underwriting and approval from carrier. Complete the Evidence of Insurability form and send to address on form (unless you have already been approved in a prior year).*

Personal Accident Insurance

If you are a regular employee of Travis County, you are eligible to elect the CIGNA Personal Accident Insurance for you and your dependents on the first day of the month following 30 days of employment. You may elect to cover your lawful spouse under age 70, and your dependent children up to age 26.

Your Benefit Amount	Employee Only Monthly Amount	Family Coverage Monthly Amount
$500,000	$10.00	$17.50
$400,000	$8.00	$14.00
$300,000	$6.00	$10.50
$250,000	$5.00	$8.75
$200,000	$4.00	$7.00
$150,000	$3.00	$5.25
$100,000	$2.00	$3.50
$50,000	$1.00	$1.75
$25,000	$0.50	$0.88

Personal Accident Insurance Benefits
The Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of sever accidents adjust to new living circumstances, CIGNA will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injury results in:	We will pay this % of the benefit amount
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both upper and lower limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of one hand, foot, or sight in one eye, or Loss of speech, or Loss of hearing in both ears	50%
Loss of thumb and index finger of the same hand, or Total paralysis of one upper or one lower limb, or Loss of all four fingers of the same hand, or Loss of all toes of the same foot	25%
Coma	1%

How much coverage can you buy?
You may select from $25,000 to $500,000 of coverage, in units of $25,000, at an affordable price. Your spouse's benefit amount will be 50% of your coverage amount or 60% if you have no dependent children. The maximum benefit amount for your spouse is $300,000. Each of your covered children's benefit amounts will be 10% of yours or 15% if you have no eligible spouse, up to a maximum benefit amount of $25,000 for each child.

Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss. You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

FLEXIBLE SPENDING ACCOUNTS

Travis County regular employees who are in a 20 or more hour per week position are eligible to sign up for a FSA account administered by Total Administrative Services Corporation (TASC). FSA elections may be made during your Initial Enrollment period, during Open Enrollment or within 31 days of an approved Qualified Life Event. A Flexible Spending Account (FSA) is an account you set up to pre-fund your anticipated, eligible medical expenses and/or dependent care expenses that are normally not covered by your insurance. Once you decide how much to contribute to your Medical Expense and/or Dependent Care FSA, the amount is deducted pre-tax in small, equal amounts from your paychecks during the plan year.

Medical Expense FSA (may be used for self or dependent health care expenses)
A Medical Expense FSA is used to pay for eligible medical expenses which aren't covered by your insurance or other plan. These expenses can be incurred by yourself, your spouse, a qualifying child or

relative. Your full annual contribution amount is available at the beginning of the plan year, so you don't have to wait for the money to accumulate. You can also make using your funds even quicker and more convenient when you use your TASC Card.

The TASC Card is a convenient reimbursement option that allows TASC to electronically reimburse eligible expenses under your employer's plan and IRS guidelines. Because it is a payment card, when you use the TASC Card to pay for eligible expenses, funds are electronically deducted from your account.

You must send in documentation for certain TASC Card transactions, such as those that are not a known office visit or prescription co-payment (as outlined in your health plan's Schedule of Benefits). When requested, you must send in documentation for these transactions. Documentation for a card expense is a statement or bill showing:

- Name of the patient
- Name of the service provider
- Date of service
- Type of service (including prescription name) and
- Total amount of service.

Dependent Care FSA (may be used for day care services for dependent children or adults)

The Dependent Care FSA is a great way to pay for eligible dependent care expenses such as after school care, baby-sitting fees, daycare services, nursery and preschool. Eligible dependents include your qualifying child, spouse and/or relative.

You can request reimbursement from your Dependent Care FSA as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Remember that for timely processing of your reimbursement, your payroll contributions must be current.

Examples of how to use your FSA:

Example 1: Paying a co-payment and doctor/dental fees (Medical Expense FSA)

After paying your co-payment and doctor/dental fees at a service provider's office, obtain an Explanation of Benefits (EOB) or detailed receipt of the completed services. Submit these documents, along with a claim form to TASC. Within one to three business days, TASC will process your request and mail your reimbursement check to you or direct deposit your funds into the account of your choice. You may also use your TASC Card to pay instantly with FSA funds and avoid waiting for reimbursement. If you use your TASC Card be sure to keep copies of your receipts to substantiate the expense if requested

Example 2: Paying for daycare services (Dependent Care FSA)

Once you have paid for your child's daycare service, send a completed claim form to TASC, along with documentation showing the following:

- Name, age and grade of the dependent receiving the service
- Cost of the service
- Name and address of the service provider
- Beginning and ending dates of the service.

Your request will be processed within five business days and either mailed to you or deposited into the account you have chosen.

Annual Contribution Limits for FY 2015

For Medical Expense FSA:
Minimum Annual Deposit: $120
Maximum Annual Deposit: $2,500

For Dependent Care FSA:
Minimum Annual Deposit: $120
The maximum contribution depends on your tax filing status.

- If you are married and filing separately, your maximum annual deposit is $2,500.
- If you are single and head of household, your maximum annual deposit is $5,000.
- If you are married and filing jointly, your maximum annual deposit is $5,000.
- If either you or your spouse earns less than $5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.

FSA Savings Example

(With FSA)		(Without FSA)
$31,000	Annual Gross Income	$31,000
- $2,500	FSA Deposit for Recurring Expenses	- $0.00
$28,500	Taxable Gross Income	$31,000
-$ 6,455	Federal, Social Security Taxes	- $7,021
$22,045	Annual Net Income	$23,979
- $0.00	Cost of Recurring Expenses	-$2,500
$22,045	Spendable Income	$21,479

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of
$566!

* Based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.

Example Eligible Expenses
These are services/items that are generally known to be incurred/obtained primarily for medical care; in other words, they are services/items that practically no one would incur or obtain unless they had a medical condition that prompted the expenditure. These "primarily medical" services/items are the types of expenses that normally qualify for reimbursement under a Medical Expense FSA. Examples of Eligible Expenses include the following;

Co-pays	Dental Treatment	Immunizations	Stop-smoking program
Coinsurance	Diagnostic Items/Services	Laboratory Fees	DME
Prescription Drugs	Eye exams/Glasses/Contacts	Orthodontia	Laser eye surgery; Lasik
Deductibles	Hearing Aids	Physical Therapy	X-rays; MRI; CT Scans

For a complete list of eligible expenses or for more information, contact TASC directly at http://www.tasconline.com/mytasc/ or at 800.422.4661.

Changing your FSA Election During the Plan Year
Plan rules allow you to change, start and/or stop your FSA election amount as long as it meets the qualifying event rules as determined by the IRS. Within 31 days of a qualifying event, you must submit a Change in Status (CIS)/Election Form and supporting documentation to the Travis County HRMD. Upon the approval of your election change request, your existing FSA(s) elections will be stopped or modified (as appropriate). Visit www.tasconline.com/mytasc/ for information on rules governing periods of coverage and IRS Special Consistency Rules.

FSA Worksheets

Use the worksheets below to determine how much to deposit in your FSA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide for limits.)

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

Medical Expense FSA Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles	$_____
Coinsurance or co-payments	$_____
Vision care	$_____
Dental care	$_____
Prescription drugs	$_____
Travel costs for medical care	$_____
Other eligible expenses	$_____
TASC Card	$_____
ANNUAL TOTAL	$_____

Dependent Care FSA Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Daycare services	$_____
In-home care/au pair services	$_____
Nursery and preschool	$_____
After school care	$_____
Summer day camps	$_____

ELDER CARE SERVICES

Daycare center	$_____
In-home care	$_____
ANNUAL TOTAL Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year.	$_____

DISABILITY

Short Term Disability

Short Term Disability (STD) coverage provides benefits when you are unable to work for a short period of time due to a covered illness or injury. Regular employees are eligible to enroll in the CIGNA Short Term Disability coverage during Initial Enrollment, during Open Enrollment or within 31 days of a Qualified Life Event.

Short Term Disability benefits are payable when the administrator, CIGNA, determines that due to your sickness or injury:

- unable to perform the material duties of his or her Regular Occupation; and
- unable to earn 80% or more of his or her Covered Earnings from working in his or her Regular Occupation.

Short Term Disability Benefit Highlights	
Policy Number	VDT-960952
Benefit Level	60% of weekly earnings
Maximum Weekly Benefit	$1,500
Minimum Weekly Benefit	$25
Elimination Period	14 days illness 14 days accident or injury
Maximum Benefit Duration	13 weeks

Benefits are paid based on a percentage of your weekly earnings. If approved, STD benefits begin after you've met the elimination period. The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If CIGNA determines you are eligible to receive Short Term Disability benefits, you can continue to use your paid-time off accruals (Sick, Vacation and Personal) from the County to cover your time away from the job. Your paid-time off accrual balance should be considered when purchasing a Short Term Disability Policy.

Pre-Existing Condition Limitation

CIGNA will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred medical expenses, received medical treatment, care or services including diagnostic measures, or took prescribed drugs or medicines within 3 months before his or her most recent effective date of insurance.

This limitation will not apply to a period of Disability that begins after an Employee is covered for at least 12 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

Benefit Level and Rates

If you enroll in the Short Term Disability insurance you may be eligible for up to 60% of your weekly income if approved. The after-tax premium rate for the coverage is $0.030 per month per weekly benefit amount. The chart below shows you example monthly premium amounts based on different levels of coverage. The benefit level is set based on your salary at initial enrollment or your salary as of August 31st of each year.

Annual Salary	Weekly STD Benefit	Monthly Premium		Annual Salary	Weekly STD Benefit	Monthly Premium
$21,666.67	$250.00	$7.50		$78,000.00	$900.00	$27.00
$26,000.00	$300.00	$9.00		$86,666.67	$1,000.00	$30.00
$34,666.67	$400.00	$12.00		$95,333.33	$1,100.00	$33.00
$43,333.33	$500.00	$15.00		$104,000.00	$1,200.00	$36.00
$52,000.00	$600.00	$18.00		$112,666.67	$1,300.00	$39.00
$60,666.67	$700.00	$21.00		$121,333.33	$1,400.00	$42.00
$69,333.33	$800.00	$24.00		$130,000.00	$1,500.00	$45.00

Long Term Disability

Long Term Disability (LTD) coverage provides benefits when you are unable to work for a longer period of time due to a covered illness or injury. Regular employees are eligible to enroll in the CIGNA Long Term Disability coverage during Initial Enrollment, during Open Enrollment or within 31 days of a Qualified Life Event.

Long Term Disability Benefit Highlights	
Policy Number	VDT-960953
Benefit Level	60% of monthly earnings
Maximum Monthly Benefit	$6,000
Minimum Weekly Benefit	$25
Elimination Period	90 days
Maximum Benefit Duration	Up to your Social Security Normal Retirement Age

Long Term Disability benefits are payable when the administrator, CIGNA, determines that due to your sickness or injury:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 24 months, you are disabled when CIGNA determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.
- You must be under the regular care of a physician in order to be considered disabled.

Benefits are paid based on a percentage of your monthly earnings once you've met the elimination period. The Elimination Period is the length of time of disability which must be satisfied before you are eligible to receive benefits. If CIGNA determines you are eligible to receive Long Term Disability benefits, you can continue to use your paid-time off accruals (Sick, Vacation and Personal) from the County to cover your time away from the job.

Pre-Existing Condition Limitation

CIGNA will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred medical expenses, received medical treatment, care or services including diagnostic measures, or took prescribed drugs or medicines within 6 months before his or her most recent effective date of insurance.

This limitation will not apply to a period of Disability that begins after an Employee has been in Active Service for a continuous period of 12 months during which the Employee has received no medical treatment, care or services in connection with the pre-existing conditions or is covered for at least 24 months after his or her most recent effective date of insurance, or the effective date of any added or increased benefits.

Benefit Level and Rates

If you enroll in the Long Term Disability insurance you are eligible for up to 60% of your monthly income. The premium rate for the coverage is $0.50 per $100 of the monthly payroll coverage amount. The chart below shows you example monthly premium amounts based on different levels of coverage. The benefit level is set based on your salary at initial enrollment or your salary as of August 31st of each year.

Annual Salary	Monthly LTD Benefit	Monthly Premium		Annual Salary	Monthly LTD Benefit	Monthly Premium
$20,000.00	$1,000.00	$8.33		$70,000.00	$3,500.00	$29.17
$30,000.00	$1,500.00	$12.50		$80,000.00	$4,000.00	$33.33
$40,000.00	$2,000.00	$16.67		$90,000.00	$4,500.00	$37.50
$50,000.00	$2,500.00	$20.83		$100,000.00	$5,000.00	$41.67
$60,000.00	$3,000.00	$25.00		$120,000.00	$6,000.00	$50.00

Reporting a Disability Claim

When to report a claim

- If your physician has determined you are unable to work due to illness, injury or for maternity reasons
- In advance of a planned medical absence, such as prescheduled surgery or an expected maternity leave

How to report a claim

Call CIGNA's toll-free number to speak with one of their Customer Intake Representatives who will walk you through the process. All of the information can be taken over the phone. Just dial:

1-800-36-CIGNA or 1-800-362-4462

Or, if you prefer, you can access the online claim form through CIGNA's website, www.CIGNA.com. To submit a life, accident or waiver claim through CIGNA.com click on "Forms" and find the "Disability/Accident/Life Forms" Section.

LONG TERM CARE INSURANCE

Travis County now offers voluntary Long Term Care insurance. Employees and retirees and their family members are eligible to apply for this coverage at *any* time during the year. New Employees will have one guarantee issue period when coverage is offered to them with no underwriting requirements. This period will be in February of each year. Other employees, retirees and family members will go through an application process that includes medical underwriting questionnaire and submit for approval. Applications will be medically underwritten and approved or rejected based on medical information submitted. This is an age rated indemnity product, so your cost depends on the age you are at effective date of your coverage. Rates do not increase in most cases once you are approved. Premiums will be direct billed to employee, retiree or family member. Policy Number 205655 UNUM Life Insurance Co. of America

Long Term Care Available Benefit Options	
Term of Care	3 years, 6 years or Lifetime* (lifetime term requires underwriting for all applicants)
Long Term Care Facility Benefit	Choice of $2000, $3000, $4,000, $5000, or $6000 per month
Home Care Benefit	50% of monthly long term care facility benefit chosen. Choice of Professional Home and Community Care (professional licensed care) or Total Choice Home Care benefits (licensed and unlicensed caregivers.
Inflation Protection Benefit	5% Simple inflation protection

Please go to https://w3.unum.com/enroll/countyoftravis/index.aspx or http://traviscentral/ for more detailed information on this important benefit. UNUM may be reached directly at 1-800-227-4165.

RETIREMENT

Texas County and District Retirement System (TCDRS)

Travis County participates in the Texas County and District Retirement System. The money that funds your plan comes from employee deposits, employer contributions and earnings from investments. Your participation in TCDRS is mandatory for qualifying employees.

Changes to Benefits

The Travis County Commissioner's Court chooses your TCDRS benefits. Every year it reviews your employer's retirement plan and makes changes, if needed. It decides:

- What percentage of your paycheck goes into your TCDRS account
- How much Travis County will match when you retire
- What you must do to be eligible for retirement

Your Deposits

Each paycheck, 7% of your total pay goes into your TCDRS account.

How Your Money Grows

Your account earns an annual interest credit of 7%. TCDRS credits this interest to your account each December 31, based on your account balance as of January 1 (Chart 1 below). Over time, the value of your account can increase a great deal because of compounding — that is, paying interest on interest. Every year you'll get a statement from TCDRS that shows all your deposits for the year as well as how much interest you received. You can also view your current balance online at www.tcdrs.org.

Year	Beginning Balance	Deposits	7% Interest on December 31st	Ending Balance
Year 1	$0.00	$2,000.00	$0.00	$2,000.00
Year 2	$2,000.00	$2,000.00	$140.00	$4,140.00
Year 3	$4,140.00	$2,000.00	$289.80	6,429.80

Chart 1: How your Account Earns Interest (TCDRS)

Vesting

You are considered "vested" when you have earned enough service time to be eligible for retirement once you reach the age requirement. To be vested in your plan, you must have 8 years of service credit. Once vested, you may stop working for your current employer and still keep your right to a future retirement benefit. Your personal account will keep earning interest each year until your membership ends. Your membership ends when you withdraw your personal deposits or choose a retirement benefit, or upon your death. (If you were a member of TCDRS before 2000, you may be vested with 4 years of service.)

When You Can Retire

Once you are vested, you are eligible for a retirement benefit when you meet one of the following requirements:

- Age 60 with 8 years of Service; or
- Any age with 30 years of Service; or
- Age plus your years of Service equals 75 (also called the rule of 75)

The statement you get from TCDRS every year shows your account balance and the earliest date you will be eligible to retire. You can also view your statement online at www.tcdrs.org. If you have more than one TCDRS account, please visit our Web site or call Member Services for more information about managing multiple accounts.

When You Retire
When you retire, you may choose to receive a monthly benefit payment. All payment options pay you for your lifetime. Some of the payment options also provide a monthly benefit for your beneficiary after your death.

Your monthly benefit is based on the amount of money in your account and the matching credits your employer has agreed to provide. Your current deposits get matching credits in a ratio of 2.25:1, or $2.25 for every $1.00 you are depositing. (Travis County may change its matching credits so your current ratio may not apply to all of your past or future deposits.) Travis County also provides monetary credit for time worked before it joined TCDRS (prior service credit). Travis County joined TCDRS in January 1968.

Other Benefits
Please contact TCDRS directly at 800-823-7782 for more information on other benefits that may be available in certain situations.

Travis County 457(b) Deferred Compensation Plan

About the 457(b) Deferred Compensation Plan
Great-West Retirement Services administers the Travis County 457(b) Deferred Compensation Plan. A governmental 457(b) Deferred Compensation Plan is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contribution and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax. All full-time and regular part-time Travis County employees may contribute to the Plan. Temporary employees less than six months may not participate.

2014 Contribution Limits
- Combined maximum limit of 100% (1% minimum) of your compensation or $17,500, whichever is less for all retirement contributions, or;

- "Standard" catch-up allows participants in the three calendar year prior to normal retirement age to contribute more (up to double the annual contribution limit—$35,000). The additional amount that you may be able to contribute in previous years but did not.

- Participants turning age 50 or older in 2013 may contribute an additional $5,500. Please note that you may not use the "Standard" catch-up provision and the Age 50+ catch-up provision in the same year.

Contribution limits are set annually by the IRS. 2015 contribution limits were not available at the time of publication.

Vesting
Vesting refers to the percentage of your account you are entitled to receive upon the occurrence of distributable events. Your contributions and any earning are always 100% vested (including rollovers from previous employers).

Investment Options
A wide array of core investment options is available through your Plan. Each option is explained in further detail in your Plan's fund sheets. Once you have enrolled, investment option information is also available through the Web site at www.gwrs.com or call KeyTalk® toll free at (800) 701-8255. The Web site and KeyTalk® are available to you 24 hours a day, 7 days a week2.

In addition to the core investment options, a Self-Directed Brokerage (SDB) account is available. The SDB account allows you to select from numerous investment options for additional fees. The SDB

account is intended for knowledgeable investors who acknowledge and understand the risks associated with the investments contained in the SDB account.

Rollovers
Only Plan Administrator approved balances from an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or an Individual Retirement Account (IRA) may be rolled over to the Plan. Distributions you receive prior to age 59½ may be subject to the 10% early withdrawal federal tax penalty.

Withdrawals
Qualifying distribution events are as follows:

- Retirement
- Severance of employment (as defined by the Internal Revenue Code provisions)
- Attainment of age 70½ (If allowed by Government Plan's provisions)
- Death (your beneficiary receives your benefits)
- Unforeseeable emergency (as defined by the Internal Revenue Code and if allowed by your Plan's provisions)

Each distribution is subject to ordinary income tax except for an in-service transfer to purchase service credit.

Loans
Your Plan allows you to borrow the lesser of $50,000 or 50% of your total vested account balance. The minimum loan amount is $1,000 and you have up to 5 years to repay your loan — up to 10 years if the money is used to purchase your primary residence. There is a $50 origination fee for each loan, plus an ongoing annual $25 fee.

How Can I Get More Information?
Visit the Great-West web site at www.gwrs.com or call KeyTalk® toll-free at (800) 701-8255 for more information. The Web site provides information regarding your Plan, as well as financial education information, financial calculators and other tools to help you manage your account.

PAID TIME-OFF BENEFITS

It is the intent of the county to provide all regular employees with a competitive benefit package. The Commissioners Court will determine the level of benefits that will be provided based on the financial resources of the County. Employee benefits are subject to change on an annual basis by order of Commissioners Court through the budgetary process.

Vacation Time

The County recognizes that employees need time away from work for rest, relaxation, and to attend to personal business that must be conducted during normal office hours, therefore, the County has established a vacation leave policy. Employees must obtain approval from their supervisor, before using vacation leave. Regular employees shall earn vacation leave each pay period as long as employment continues. Regular part-time employees shall earn vacation leave on a prorated basis.

The maximum accrual of vacation leave is limited to 240 hours (30 days) for regular full-time employees, except for law enforcement officers, who have no limit of accrual. Upon separation, a regular full-time employee shall be compensated for vacation leave accrued on the basis of their final salary rate. Payment shall not exceed a total of 160 hours (20 days).

Vacation Time Accrual Levels	
0 - 5 years	4.0 hours per pay period
6 - 10 years	4.5 hours per pay period
11 - 15 years	5.0 hours per pay period
16 - 20 years	5.5 hours per pay period
21 + years	6.0 hours per pay period

Vacations will be granted to employees at the discretion of the elected official/department head or their designee who will give due consideration to the needs of the office/department and the ability of remaining staff to perform the necessary work. An official county holiday which occurs during an employee's vacation shall not be charged against vacation leave time.

Sick Leave

Employees shall earn sick leave at a rate of 4 hours per pay period, with no accrual maximum. Regular part-time employees shall earn sick leave on a pro-rated basis.

An elected official/department head, or his/her designee, should authorize use of accrued sick leave for an employee who is unable to perform his/her duties because of illness, injury, or other temporary disabilities. An employee may use accrued sick leave to care for a member(s) of the employee's immediate family, or a person(s) within the same household with whom the employee shares a significant relationship of mutual caring, who are ill or incapacitated. An employee must obtain approval from his/her immediate supervisor prior to attending an appointment for non-emergency dental or medical examinations, for himself or an immediate family member, scheduled during normal working hours.

An elected official/department head, or his/her designee, may ask an employee to provide a doctor's statement to substantiate sick leave requests after an employee has been on sick leave for three (3) consecutive work days or more.

Unscheduled sick leave usage should be used for emergent situations. The employee should follow the department's notification procedures when unable to report to work as scheduled.

Upon separation, an employee shall be compensated for half of up to 480 hours of their accrued sick leave at their final salary rate. Therefore, the maximum sick leave payout is equivalent to 240 hours of pay.

Holiday Pay

Regular full-time and regular part-time employees are allowed the holidays designated by the official action of the Commissioners Court, unless required by their supervisor to work. Regular part-time employees receive pay for the holidays on a pro-rated basis.

County Approved Holidays		
Veteran's Day	New Year's Day	Memorial Day
Thanksgiving (2 days)	Martin Luther King, Jr. Day	Independence Day
Christmas (2 days)	Presidents' Day	Labor Day

Regular non-exempt employees who are required by their supervisor to work on a holiday accrue non-designated holiday time credit on an hour for hour basis for scheduled hours worked. This credit may be used at a later date.

- Regular nonexempt and exempt aviation employees who are required by their supervisor to work on a holiday receive holiday time pay on an hour for hour basis for scheduled hours worked in addition to pay for the hours worked.
- Regular nonexempt and exempt aviation employees whose regularly scheduled day off falls on a holiday accrues non-designated holiday time credit on an hour for hour basis for scheduled hours. This credit may be used at a later date.

Regular non-exempt employees whose regularly scheduled day off falls on a holiday accrues non-designated holiday time credit on an hour for hour basis for scheduled hours. This credit may be used at a later date.
Employees must obtain approval from their supervisor before using non-designated holiday time credit.

If an employee is requesting leave, the employee must use non-designated holiday time credit before using vacation leave unless the employee is subject to losing vacation leave if it is not taken within the following three months. It is the employee's responsibility to request the appropriate type of leave. Non-designated holiday time credit accrues until it is used or until an employee separates from County. Upon separation, non-exempt employees are not paid for more than 16 hours of unused non-designated holiday credit. Unused non-designated holiday credit is paid at the regular rate of pay.

Personal Holiday

All regular full-time employees are eligible for up to three (3) paid personal holidays each calendar year if approved on an annual basis by the Commissioners Court. Regular part-time employees shall be granted personal holidays on a prorated basis.

Personal holidays are in addition to vacation leave and shall be scheduled at the discretion of the elected official/department head, or his/her designee. Personal holidays shall be requested by the employee and approved by the elected official/department head or his/her designee. Personal holidays do not accumulate from one calendar year to the next.

Personal holidays must be taken in no less than eight (8) hour increments. An employee shall earn personal holidays for the calendar year in which the employee begins employment based on the month in which he/she begins work as shown below:

An employee shall earn personal holidays for the calendar year in which the employee begins employment based on the month in which he/she begins work as shown below:

January- March	3 personal holidays
April- June	2 personal holidays
July - September	1 personal holidays
October-December	none

A new employee must be employed for 90 calendar days before taking a personal holiday. Reinstated employees will earn personal holidays based on their new hire date, except that no employee may earn

more than 3 personal holidays in one calendar year. Unused personal holidays are not paid at separation. A personal holiday may not be used as the last day of employment

An employee who is on leave without pay will not accrue Vacation leave, Sick leave, Longevity, Merit review service, or Retirement service.

Travis County will not extend any employee benefits to an employee while he/she remains on leave without pay except as required by law. The employee may choose to make arrangements with the county auditor to pay both the employee and the employer portions of benefit premiums in order to maintain health and insurance coverage during the leave.

Catastrophic Sick Leave Pool

Commissioners Court approved the implementation of a Catastrophic Sick Leave Policy. This policy allows employees to donate hours to a "Pool". The enrollment is concurrent with the Open Enrollment period each year. The hours in the pool can then be used by those employees who have donated and exhaust all of their paid time due to a catastrophic illness.

Who is eligible to donate time to the CSL Pool?

Travis County Employees must:

1. Be a Fulltime employee with Travis County; and
2. Have worked full time with Travis County for 12 consecutive months; and
3. Voluntarily donate a minimum of 8 hours of leave (maximum of 40 hours) during Open Enrollment.
    a. Donation may be sick leave and/or vacation leave (in 8 hour increments)
    b. Must have a remaining balance of 40 hours (sick + vacation) after donation

    At separation, employees may donate up to 80 hours of sick and/or vacation leave.

Who is eligible to use CSL time from the Pool?

1. An employee donate a minimum of 8 hours (or more in 8 hour increments) to the CLS Pool each year during Open Enrollment to be eligible from October 1 – September 30.
2. An employee must be absent from work seven consecutive work days as a result of their own catastrophic injury or illness or that of an immediate family member (See 10.076 (a) (7) for immediate family member), and
3. An employee must submit the request for CSL with appropriate medical documentation to the Administrator for consideration for approval.

What qualifies as a catastrophic injury or Illness?

The CLS Policy provides the following definition in Section 10.372:

(2) Catastrophic Illness or Injury. A catastrophic illness or injury is a serious debilitating illness, injury, impairment, or physical or mental condition that is present for a minimum of seven consecutive calendar days, and that involves:

(A) A period of illness or injury or treatment connected with inpatient care (e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or

(B) A period of illness or injury requiring absence from work of seven or more consecutive work days, and that also involves continuing treatment by (or under the supervision of) a licensed health care provider; or

(C) A period of illness or injury that is long-term due to a condition for which treatment may be ineffective (e.g., stroke, terminal disease, etc.); or

(D) An absence of at least seven consecutive work days to receive multiple treatments (including any period of recovery there from) either for restorative surgery after an accident or other injury, or for a prolonged condition, i.e., cancer or kidney disease.

OTHER BENEFITS

Employee Assistance Program

Alliance Work Partners (AWP) sponsors the County's Employee Assistance Program (EAP). The EAP is a program offering free and confidential short-term counseling and referral services to Travis County employees and their families. Our EAP is a resource for personal, work-related, financial and even legal assistance. You can access services through AWP by calling the toll free number at 800-343-3822 anytime, 24 hours a day, and 365 days a year. There is also a local number, (512)-328-1144.

You will speak confidentially with one of AWP's intake and Referral counselors who can help you set up an appointment with an EAP counselor, schedule a free 30-minute legal or financial consultation or gather referrals and resources on a variety of work/life topics.

It is the policy of AWP to assure strict confidentiality in the handling of clients' identities and personal information associated with the use of the EAP.

Alliance Work Partners EAP can help you with:

- Job performance
- Marital difficulties
- Family issues
- Communication skills
- Managing depression and anxiety
- Alcohol / Substance Abuse
- Child and elder care resources
- Parenting support
- Anger management
- Legal and financial issues
- Grief and bereavement
- Smoking cessation
- Weight loss
- Time management
- Stress management
- Personal concerns
- Career management
- Self-improvement plans

Additional resources and contact information can be found on their web site at www.alliancewp.com/.

Tuition Reimbursement

It is the intent of the county to provide training and development opportunities to encourage high-quality performance, to prepare employees for new or increased responsibilities, and to provide opportunities for individual growth, promotion, development, and self-fulfillment, to the extent possible.

Travis County offers Tuition Reimbursement to its regular employees, who have been continuously employed full-time with Travis County at least six months prior to the start of the course and remain continuously employed with Travis County at least six months after the end of the course. Elected and Appointed Officials are not eligible for Tuition Reimbursement. In order to receive a refund, the course must be taken from an accredited college, university, or technical school in the United States and approved by the Human Resources Management Department. Once an employee receives approval and meets the completion requirement(s) for the course or exam, employees can receive assistance equal to 80% of the tuition (tuition, testing and required fees) up to a $1000 maximum per semester, and $2000 maximum per fiscal year.
For eligibility, completion requirements and other details please refer to section 10.020 of the "Chapter 10: Travis County Personnel Benefits Guidelines and Procedures Manual."

Longevity Pay

For regular employees, longevity pay is based on long-term employment and service to the county. For transfer employees, longevity pay is based on long-term employment and service to both the City of Austin and the county. Longevity Pay is paid to regular and transfer employees for each year completed after three years of continuous service on the anniversary of their hire date. On an employee's fourth and subsequent anniversaries, he or she will receive a lump sum payment for the previous year. Any employee who terminates employment prior to his or either her anniversary date forfeits longevity pay.

Longevity pay is based whichever is greater, either

- On five dollars per month for each year of service up to 25 years, or
- On a percentage of the employee's annual base pay as follows:
    - For three to five years of service: .50%
    - For six to nine years of service: .75%
    - For 10 to 15 years of service: 1.00%
    - For 16 to 20 years of service: 1.5%
    - For 21 or more years of service: 2.00%
- An employee with more than 25 years of service will be credited for the maximum of 25 years at the higher rate.
- Peace officers who are in a law enforcement activity, whose job mandates state peace officer certification accrue up to 25 years of longevity pay. Longevity pay begins after one year of certification and is prorated upon separation from the county.

Worker's Compensation

The county provides all employees with Workers' Compensation coverage in accordance with state statute. A salary continuation program has been provided by the Commissioner's Court through the budget process. All non-POPS regular employees are eligible for salary continuation if they are injured or become ill due to a job-related incident and follow the required reporting procedures up to a maximum of six (6) months from the date of injury. If you sustain an injury arising out of, or in the course of work, you must report such injury to your supervisor and/or the Risk Management Department immediately.

Training & Development

Management Development

HRMD offers training that supports the "core competencies" that have been approved by the Commissioner's Court. Approval of the "core competencies" established the Court's expectations and a baseline for required knowledge and skills for individuals who supervise people. Gain the fundamental knowledge and skills you need to become a confident and effective manager by participating in world-class training that is guaranteed to enhance your people management skills.

Earn a Management Certificate of Achievement by completing all eight classes as part of the Performance Management initiative.

- Conflict Resolution Alternatives
- EAP Orientation for Supervisors
- Effective Discipline for Performance and Behavior
- FLSA (Fair Labor Standards Act)
- FMLA / ADA
- Harassment Prevention for Supervisors
- Key Principles of Effective Performance Management
- Workers Compensation

Leadership Austin

The purpose of this program is to benefit Travis County and the community by providing an opportunity for county employees to participate in leadership training as funds are available and to provide written guidelines for consideration in awarding of those funds. This program is separate from the Tuition Refund Program and will not overlap.

Travis County Leadership program is available to all employees who wish to take part in Leadership Training which would result in direct benefit to Travis County. Employees or their department should submit a Memorandum of Request to the Human Resources Management Department.

See Chapter 16 of the Travis County Code: Leadership Training-Funding Guidelines for additional details on the program.